

UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re)
) Case No. _____
)
) NOTICE OF MOTION FOR RELIEF
 Debtor(s)) FROM **CODEBTOR** STAY
) **ONLY IN A CHAPTER 12 CASE**

YOU ARE NOTIFIED a motion was filed on behalf of the moving party, _____, for the relief from the stay in this **CHAPTER 12** case protecting the **CODEBTOR**, _____, whose service address is _____, as provided by 11 USC §1201. A copy of the motion is attached.

The name and address of the moving party's attorney (or moving party, if no attorney) are _____, and the attorney's OSB# is _____.

If you WISH TO RESIST the motion, YOU SHALL, WITHIN 14 DAYS OF THE SERVICE DATE SHOWN BELOW, FILE WITH the Bankruptcy Court Clerk BOTH of the following:

- a. A written objection;
- AND** b. A fully completed Notice of a HEARING (using Local Form #1220.5 on the back of this Notice) GIVING the date, time and address of hearing. [NOTE: THIS INFORMATION MUST BE OBTAINED FROM THE CLERK'S OFFICE BEFORE SERVICE!] If the 5-digit portion of the Case No. begins with "3" or "4", call (503)326-2231; OR if it begins with "6" or "7", call (541)465-6448.]

Contents of Objection. The objection shall state the facts upon which relief from the codebtor stay is resisted.

FAILURE to Object OR Serve Proper Notice of Hearing. If the debtor or the codebtor fail to file BOTH a timely objection AND proper Notice of Hearing, then the stay protecting the codebtor will automatically expire by operation of law 20 days after the service date of this notice.

CLERK, U.S. BANKRUPTCY COURT
[i.e., if the 5-digit portion of the Case No. begins with "3" or "4", mail to 1001 SW 5th Ave. #700, Portland OR 97204; OR, if it begins with "6" or "7", mail to PO Box 1335, Eugene OR 97440]

I certify that on _____ copies of both the above Notice, AND the Motion, were served on the codebtor(s) at the address listed above, debtor(s), Trustee, U.S. Trustee, members of any committee elected pursuant to 11 USC §705, and their respective attorneys.

Signature of Moving Party's Attorney (or moving party if no attorney)

****SEE REVERSE/ATTACHED FOR LOCAL FORM #1220.5****